TRANSITIONAL CARE UNIT 430 EAST DIVISION STREET

FOND DU LAC 54935 Phone: (920) 926-4700 Ownership: Non-Profit Corporation

Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 17 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 17 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 11 Average Daily Census: 13

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	용		0.0
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	0.0		0.0
Day Services	No	Mental Illness (Org./Psy)	0.0	•	0.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	54.5		0.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.5	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	18.2			Nursing Staff per 100 Resi	ldents
Home Delivered Meals	No	Fractures	18.2		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	18.2	65 & Over	100.0		
Transportation	No	Cerebrovascular	0.0			RNs	62.3
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	15.3
Other Services	No	Respiratory	9.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	36.4	Male	9.1	Aides, & Orderlies	40.5
Mentally Ill	No			Female	90.9		
Provide Day Programming for		[	100.0				
Developmentally Disabled	No	[			100.0		
*********	****	********	*****	******	*****	********	******

## Method of Reimbursement

		Medicare			dicaid tle 19			Other		P.	rivate Pay			amily Care			anaged Care			
Level of Care	No.	. %	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	Tota: Resident	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	11	100.0	271	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		11	100.0

Facility ID: P280 County: Fond Du Lac Page 2 TRANSITIONAL CARE UNIT

Admissions, Discharges, and	I	Percent Distributior	n of Residents'	Condit	ions, Services, an	nd Activities as of 12,	/31/03
Deaths During Reporting Period	 				% Needing		Total
Percent Admissions from:	i	Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	1.9	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		100.0	0.0	11
Other Nursing Homes	0.0	Dressing	0.0		100.0	0.0	11
Acute Care Hospitals	95.6	Transferring	0.0		100.0	0.0	11
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		100.0	0.0	11
Rehabilitation Hospitals	2.5	Eating	100.0		0.0	0.0	11
Other Locations	0.0	******	******	*****	*****	*****	******
Total Number of Admissions	362	Continence		8	Special Treatmen	nts	용
Percent Discharges To:	i	Indwelling Or Extern	nal Catheter	27.3	-	oiratory Care	54.5
Private Home/No Home Health	53.3 I			27.3		cheostomy Care	0.0
Private Home/With Home Health	21.2	-		0.0	Receiving Suct	-	0.0
Other Nursing Homes	9.9 i	· <u>-</u>			Receiving Osto	_	0.0
Acute Care Hospitals	6.6 I	Mobility			Receiving Tube	=	0.0
Psych. HospMR/DD Facilities	0.0	<u> </u>	ed	0.0	3	nanically Altered Diets	
Rehabilitation Hospitals	0.5	2 2				2	
Other Locations	6.0	Skin Care			Other Resident (	Characteristics	
Deaths	2.5			9.1	Have Advance I	Directives	54.5
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	364 I					choactive Drugs	45.5

	This	Other	Hospital-	Ī	All	
	Facility Ba		Tacilities	Fac	ilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	74.7	90.1	0.83	87.4	0.85	
Current Residents from In-County	90.9	83.8	1.09	76.7	1.18	
Admissions from In-County, Still Residing	2.8	14.2	0.20	19.6	0.14	
Admissions/Average Daily Census	2784.6	229.5	12.13	141.3	19.71	
Discharges/Average Daily Census	2800.0	229.2	12.22	142.5	19.66	
Discharges To Private Residence/Average Daily Census	2084.6	124.8	16.70	61.6	33.83	
Residents Receiving Skilled Care	100.0	92.5	1.08	88.1	1.14	
Residents Aged 65 and Older	100.0	91.8	1.09	87.8	1.14	
Title 19 (Medicaid) Funded Residents	0.0	64.4	0.00	65.9	0.00	
Private Pay Funded Residents	0.0	22.4	0.00	21.0	0.00	
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00	
Mentally Ill Residents	0.0	32.9	0.00	33.6	0.00	
General Medical Service Residents	36.4	22.9	1.59	20.6	1.77	
Impaired ADL (Mean) *	43.6	48.6	0.90	49.4	0.88	
Psychological Problems	45.5	55.4	0.82	57.4	0.79	
Nursing Care Required (Mean) *	8.0	7.0	1.14	7.3	1.09	